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MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH		Arizona State Board of Health		STATE FILE NO. 398	
STANDARD CERTIFICATE OF DEATH					
COUNTY <u>Pinal</u>		STATE <u>ARIZONA</u>		REGISTERED NO. <u>20</u>	
TOWNSHIP <u>Coahucipe</u>		OR VILLAGE <u>3 miles west of Red Rock on Highway.</u>		WARD	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)					
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED		YRS. MOS. DS.		HOW LONG IN U.S. IF OF FOREIGN BIRTH? YRS. MOS. DS.	
2. FULL NAME <u>Robert E Wilbur.</u>		HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.		life.	
(A) RESIDENCE: NO. <u>Gilbert, Ariz.</u>		ST. <u>21077</u>		WARD (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
(USUAL PLACE OF ABODE)					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married.</u> (WRITE THE WORD)			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Alice Wilbur.</u> (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13-1909</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.	
<u>26</u>		<u>4</u>	<u>25</u>		
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>					
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)			11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
12. BIRTHPLACE (CITY OR TOWN) <u>Mesa</u> (STATE OR COUNTY) <u>Arizona.</u>					
13. NAME <u>E R Wilbur.</u>					
14. BIRTHPLACE (CITY OR TOWN) <u>Rockford.</u> (STATE OR COUNTY) <u>Ill.</u>					
15. MAIDEN NAME <u>Nellie Duncan.</u>					
16. BIRTHPLACE (CITY OR TOWN) <u>Kansas.</u> (STATE OR COUNTY)					
17. INFORMANT <u>E R Wilbur.</u> (ADDRESS) <u>Gilbert Ariz.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Removal.</u> PLACE <u>Mesa Arizona.</u> DATE <u>11-8-35.</u> 19.					
19. EMBALMER { LICENSE NO. <u>492</u> SIGNATURE <u>G E Jones. Tucson</u> FUNERAL DIRECTOR <u>M R Subbina</u> ADDRESS <u>Mesa Ariz.</u>					
20. FILED <u>11/14</u> 19 <u>35</u> <u>Wagon</u> REGISTRAR					
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11/8/35</u> 19					
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 19 TO 19					
I LAST SAW HIM ALIVE ON 19 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE <u>About 4:30</u>					
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>TRUCK COLLISION</u>					
Nook Broken Weight Arm Broken. Internal Injuries.					
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:					
NAME OF OPERATION DATE OF					
WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?					
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY <u>11-35</u>					
WHERE DID INJURY OCCUR? <u>3 miles west of Red Rock</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)					
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>Thruway Highway</u>					
MANNER OF INJURY					
NATURE OF INJURY					
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?					
IF SO, SPECIFY (SIGNED) <u>Upburnt by accident</u> M. D.					
(ADDRESS)					